**Student Action Plan**

1. What was I doing?
2. What was I supposed to be doing?
3. What was causing the problem (what motivated me to do this)?
4. What do I plan to do to solve this problem?
5. What can Ms. Winn do to help solve the problem?

Print Name

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Parent Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date